

Form PTO-1083

Patent

Case Docket No. N&C-101-02

In RE application of H. IKEDA et al

Serial No.: 10/673,867

Group Art Unit: 2161

For: CAD INFORMATION MANAGEMENT SYSTEM AND  
CAD INFORMATION MANAGEMENT METHOD

Examiner: K. Padmanabhan

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

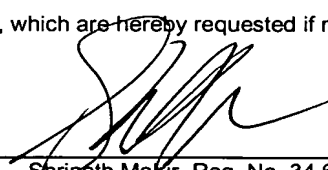
The fee has been calculated as shown below:

|  | (Col. 1)<br>Claims<br>Remaining<br>After<br>Amendment |       | (Col. 2)<br>Highest No.<br>Previously<br>Paid For | (Col. 3)<br>Present<br>Extra |  | SMALL ENTITY<br>Rate<br>Additional<br>Fee | OR | OTHER THAN A<br>SMALL ENTITY<br>Rate<br>Additional<br>Fee |
|--|---|-------|---|------------------------------|--|---|----|---|
| Total  | 11  | Minus | ** 20   | =                            |  | X 25 \$                                   |    | X 50 \$   |
| Indep.   | 5   | Minus | *** 5   | =                            |  | X 100 \$                                  |    | X 200 \$  |
|  |   |       |   |                              |  | X 180 \$                                  |    | X 360 \$  |
| <input type="checkbox"/> First presentation of Multiple Dependent Claims |   |       |   |                              |  | Total \$                                  | OR | Total \$  |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3' in this space.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☒ A Credit Card Payment Form in the amount of \$ 580.00 is attached in payment of Terminal Disclaimer and 2 month Extension of Time Fees.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: August 16, 2006



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/673,867 Confirmation No. 1356  
Applicant : H. IKEDA et al  
Filed : September 30, 2003  
Title : CAD INFORMATION MANAGEMENT SYSTEM AND  
CAD INFORMATION MANAGEMENT METHOD  
TC/AU : 2161  
Examiner : K. Padmanabhan  
Docket No. : N&C-101-02  
Customer No.: 24956

Commissioner for Patents  
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**AMENDMENT**

Sir:

In response to the Office Action dated March 16, 2006, please amend the above-identified patent application as follows.

A Petition for Extension of Time for two months and the appropriate fee is attached.

A Terminal Disclaimer and the appropriate fee at also attached.

**Amendments to the Claims** begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.